Training Physicians and Health Professionals in Disaster & Bioterrorism:

Gearing up for the Core Competency Movement in Medical Education

UVAMRC
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UVAMRC - Background

- One of a handful of MRC programs run out of a university.
- Currently the only MRC with a student leadership model.
- Based in the School of Medicine
- Partnered with School of Nursing, Health Department, Emergency Medicine, Toxicology, ID, Red Cross, Regional EOC, University Hospital.

Goals of the Presentation

- Gain awareness of Competency Movement in Medical Education and learn about the Core Competencies.
- Consider benefits of linking Public Health System with Academic Health Care.
- Consider the benefits of integrating disaster training into Medical Education across all levels using the common core competencies.
- Explore strategies and alternatives for partnering with Medical Education.

Outline

- Core Competency Movement and the ACGME Outcomes Project
- Interdisciplinary Competencies
- Partnerships Between Public Health and Academic Medicine
- Concept of Curricular Integration and Service Learning
- Summary
- Discussion

The Core Competency Movement in Medical Education

Divisions of Medical Education

- Undergraduate Medical Education (ME)
  - 'Med School'
  - Leads to M.D. or D.O. degree
  - USMLE
- Graduate Medical Education (GME)
  - Training After Med School
  - 'Internship and Residency'
  - Typically leads to specialty certification
    - Board 'eligible' or Board Certified
- Post-Graduate Medical Education (CME)
  - Continuing Medical Education
  - Certain amounts are required
  - USMLE and Board Recertification

The Core Competency Movement in Medical Education

- Arose in response to increased attention to the idea of Educational Outcomes in the ‘80s:
  - Dept of Education
  - JCAHCO
  - Medical Boards and State Legislatures
  - Institute of Medicine Report
- Prior to this, Medical Education was more Apprentice-based, rather than outcome-based.
- Initiated in Graduate Medical Education (Residencies) in 1999 by the ACGME and ABMS.

The Core Competency Movement in Medical Education

- ****ACGME and the ABMS together****
  - **Accreditation Council on *Graduate* Medical Education**
    (Each specialty has a Review Comm.)
  - **American Board of Medical Specialties**
    and it's Member boards.
    (Medicine, Family Practice, etc…)

The Core Competency Movement in Medical Education

- AAMC
  - **Association of American Medical Colleges**

    Actively developing tools for competency implementation amongst member schools.

- LCME
  - **Liaison Committee on Medical Education**

    Accrediting body for medical schools (MD) in the United States.

The Core Competency Movement in Medical Education

- ACCME
  - Accreditation Council on ***Continuing*** Medical Education

Task Force on Competency and the Continuum (2002)

The ACCME will work proactively with its continuum partners LCME and ACGME - to ensure that the physician-in-training and the physician-learner are met with effective education centered on the overlapping competencies of ACGME/ABMS and IOM.

Such work will include:

-identifying common terms and definitions so that the expectations of the competencies are shared along the continuum.

-sharing experiences and tools as the competencies are incorporated into the accreditation processes along the continuum.

-setting accreditation standards that are inclusive of the competencies and reward providers engaged in delivering that level of CME.

The Core Competency Movement in Medical Education

- Six Core General Competencies were established as part of the "Outcomes Project" in GME
- Requiring a minimum level of :
  SKILL - KNOWLEDGE - ATTITUDE
- The Six Areas of General Competency
  1. **Patient Care**
  2. **Medical Knowledge**
  3. **Practice-Based Learning and Improvement**
  4. **Interpersonal and Communication Skills**
  5. **Professionalism**
  6. **Systems-Based Practice**

The Core Competency Movement in Medical Education

- Medical Student Education is evolving into a parallel and very similar structure.
- Post-Graduate Medical Education is now implementing competencies.

The Concept of Interdisciplinary Competencies

- **Response knowledge, skills and attitudes are relevant to all clinicians in true disasters.**
- **Basic disaster medical competencies cross disciplines and at a minimum cover:**
  - **Overview of Disaster**
  - **Mass-Casualty Management**
  - **Patient Handling and Transportation**
  - **Biohazards and Toxins**
  - **Safety and Security**
  - **Mental Health Response and Recovery**
  - **Risk Communication**
  - **Incident Command**

The Concept of Interdisciplinary Competencies

- The conventional response system is expected to need many extra health care personnel.
- Systems-based practice is a requirement in all medical training areas.
- Planning, working and training in advance will improve outcomes in events.
- Teaching the same material using the same standards in each phase of training and in the response community increases efficiency.

Partnerships Between Academic Medicine & Public Health

- The climate is right for working together as the Disaster Response infrastructure is transforming at the same time Medical Education is changing.
- HHS through the CDC has initiated cooperative agreements with Academia for partnerships through a number of member groups.
  (AAMC, ATPM and ASPH).
- This is encouraging, as currently there is little incentive for cooperation, even between agencies from within the response community itself.

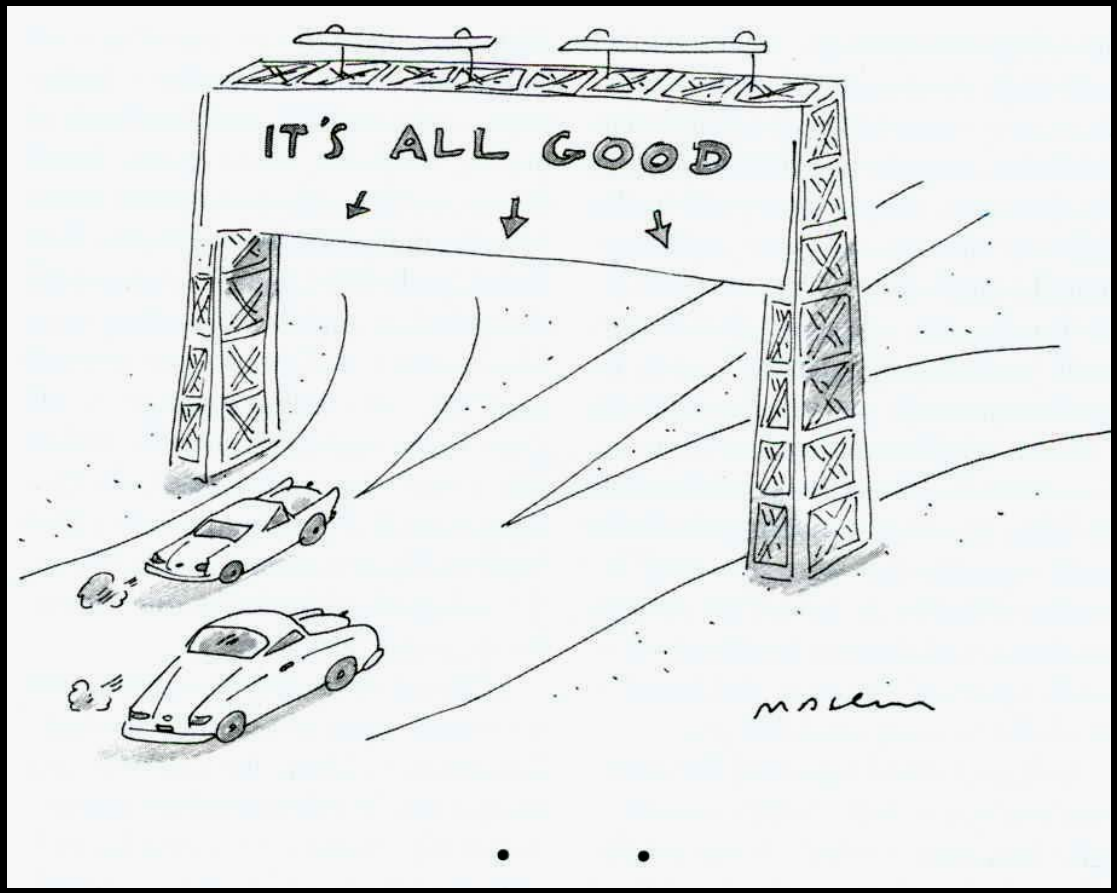
Partnerships Between Academic Medicine & Public Health

- Federally funded projects and Specialty Grant Centers are developing trainings
  - ***proprietary and tend to be "all or none"***
  - ***limited availability***
  - ***high cost per student***
  - ***sometimes minimal relevance***
- Disconnected competencies and programs are also evolving--locally, regionally and nationally.
- At the same time state and local government response agencies are making their own guidelines and designing trainings independently.
- Researchers and Academic experts are frequently disconnected from the front-lines.

Partnerships Between Academic Medicine & Public Health

- Local training policy is often developed by staffers with limited clinical expertise or experience in the content area of program.
- Redundancy and duplication - of some initial benefit, after a point becomes 'Babel-like' with a lack of integration and ultimately a waste of allocated resources.
- Working together can help to minimize this and ensure interoperability.

Partnerships Between Academic Medicine & Public Health



The Argument for Curriculum Integration and Service Learning

SOCIAL BENEFITS

- Encourages a sense of responsibility toward community and society.
- Helps to ensure that medical education will be relevant to community needs.
- Higher quality care to victims by ensuring training minimums.

The Argument for Curriculum Integration and Service Learning

POLITICAL BENEFITS

•Supports the agenda of federal and state government to increase volunteerism.

• Encourages Health Providers to participate in planning and policy development.

The Argument for Curriculum Integration and Service Learning

FINANCIAL BENEFITS

- Decreases duplication of training development and program management.
- Saves money for individual volunteers, governmental agencies and non-profits.

The Argument for Curriculum Integration and Service Learning

PRACTICAL BENEFITS

- Students receive clinical exposure and relevant training early in their education
- Fosters early mentoring relationships with faculty and community clinicians
- Busy health professionals will reject what they consider irrelevant or duplicative.
- Increases number of pre-trained health personnel for response system
- Eases volunteer participation while at the same time increases standards.

Summary

- Disaster response and Medical Education are both undergoing change.
- This ‘crisis’ provides opportunity for cooperation and improving both systems.
- Ensures long-term that medical education is relevant to community needs.

Summary

- Ensures that community training meets medical education curricular standards.
- Maintains a common language and standard for evaluation and assessment.
- Trained future generation of medical providers with basic disaster response skills.
- Uniform training and reciprocity decreases costs and encourages volunteerism.

What's Next?

- Meeting between the 3 Associate Deans and our Public Health Planner in the works
- Planning a workshop on curricular integration and common standards
- Demonstration project with clinical skills training in disaster is underway.
- Working with national MRC office to develop a university workgroup.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MA'AM ... YOUR SON WAS IN AN ACCIDENT... AND I'M SORRY BUT HE'S... HE'S...
NO...
EMER GENCY
...HE'S WEARING DIRTY UNDERWEAR...
NO! NO! WHY? WHY?! WHY?!
EMER GENCY
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Discussion

- Comments?
- Questions?
- Ideas?